## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

PRINTED: 08/19/2010 FORM APPROVED OMB NO. 0938-0391

OF DEFICIENCIES	LIVIT DECIMENDED COMPUNED COM				
CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	A BUILD	TIPLE CONSTRUCTION	(X3) DATE SURV COMPLETED	
	185195	B. WING	Market Mark State Share	08/06/	2010
OVIDER OR SUPPLIER  NURSING & REHABILI	TATION CENTER	:	STREET ADDRESS, CITY, STATE, ZIP CODE 10456 US HWY 62 CALVERT CITY, KY 42029	00/00/	2010
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH	OULD BE	(X6) COMPLETION DATE
3. A review of the per #6, a SRNA, revealed however, the Nurse A was not completed under the Coordinator, on 08/00 she was responsible. Registry checks. She when the prospective interview, but did not that date. She stated procedure required the checks be completed hire.  483.60(b), (d), (e) DF LABEL/STORE DRU  The facility must emp a licensed pharmacis of records of receipt a controlled drugs in su accurate reconciliation records are in order a controlled drugs is mareconciled.	review of the personnel record for Employee SRNA, revealed a hire date of 07/05/10, ver, the Nurse Aide Abuse Registry check tol completed until 07/06/10.  Iterview with the Staff Development dinator, on 08/05/10 at 11:45 AM, revealed as responsible for conducting the Abuse try checks. She completed the checks the prospective employee came for an iew, but did not print the abuse check out on ate. She stated the facility's policy and dure required the Nurse Aide Registry is be completed prior to employee date of 00(b), (d), (e) DRUG RECORDS, L/STORE DRUGS & BIOLOGICALS  actility must employ or obtain the services of mosed pharmacist who establishos a system ords of receipt and disposition of all olled drugs in sufficient detail to enable an ate reconciliation; and determines that drug is are in order and that an account of all olled drugs is maintained and periodically ciled.  F 225  This Plan of Correction is the center's credible allegation of compliance.  Preparation and/or execution of this plan of corredors of execution of this plan of correction is prepared and/or executed solely be at is required by the facts allegation of constitute admission or agreement by the provider of the truth of the facts allegation of compliance.  Preparation and/or execution of this plan of correction is prepared and/or executed solely be at its required by the provisions of federal and state is required by the provisions of federal and state is required by the provisions of federal and states in sequired by the provisions of federal and states in sequired by the provisions of federal and states in sequired by the provisions of federal and states in sequired by the provisions of federal and states in sequired by the provisions of federal and states in sequired by the provisions of federal and states in sequired by the provisions of federal and states in sequired by the provisions of federal and states in sequired by the provisions of federal and states in sequired by the provisions of federal and states in sequired by the provi		r's credible  s plan of correction reement by the reed or conclusions cies. The plan of ted solely because deral and state law.  xpired feeding.  the expired  ig had the  ded on		
labeled in accordance professional principle appropriate accessor instructions, and the applicable.  In accordance with S facility must store all	e with currently accepted s, and include the y and cautionary expiration date when tale and Federal laws, the drugs and biologicals in		the expiration dates of all enter 08/09/10. All licensed nurses the need to check expiration deadministration; however, and was initiated on 08/23/10 and conducted with all licensed number of enterprise to administration of enter to administration of enterprise of ent	eral feedings on are aware of lates prior to all in-service will be arsing staff date is checked eral feedings.	
	Continued From page 3. A review of the pe #6, a SRNA, revealed however, the Nurse A was not completed un. An interview with the Coordinator, on 08/03 she was responsible Registry checks. She when the prospective interview, but did not that date. She stated procedure required the checks be completed hire. 483.60(b), (d), (e) DR LABEL/STORE DRUIT The facility must emp a licensed pharmacis of records of receipt a controlled drugs in su accurate reconciliation records are in order a controlled drugs is ma reconciled.  Drugs and biologicals labeled in accordance professional principle appropriate accessor instructions, and the capplicable.  In accordance with St facility must store all clocked compartments	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS  The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.  Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when	Continued From page 4  3. A review of the personnel record for Employee #6, a SRNA, revealed a hire date of 07/05/10; however, the Nurse Aide Abuse Registry check was not completed until 07/06/10  An interview with the Staff Development Coordinator, on 08/05/10 at 11:45 AM, revealed she was responsible for conducting the Abuse Registry checks. She completed the checks when the prospective employee came for an interview, but did not print the abuse check out on that date. She stated the facility's policy and procedure required the Nurse Aide Registry checks be completed prior to employee date of hire.  483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS  The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.  Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature	RECULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 4  3. A review of the personnel record for Employee #6, a SRNA, revealed a hire date of 07/05/10, however, the Nurse Aide Abuse Registry check was not completed until 07/06/10.  An interview with the Staff Development Coordinator, on 08/05/10 at 11:45 AM, revealed she was responsible for conducting the Abuse Registry checks. She completed the checks when the prospective employee came for an interview, but did not print the abuse check out on that date. She stated the facility's policy and procedure required the Nurse Aide Registry checks be completed prior to employee date of hire.  483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS  The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records are in order and disposition of all controlled drugs is maintained and periodically reconciled.  Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  Preparation and/or execution of this does not constitute admission on aging provider of the truth of the facts all set prin in the stent admission on aging provider of the truth of the facts all set prin in the stent of the correction is the center allegation of compliance.  Preparation and/or execution of this does not constitute admission on aging provider of the truth of the facts all set prin in the stent admission on aging provider of the truth of the facts all set prin in the value of the truth of the facts all set prin in the value of the truth of the facts all set prin in the value of the truth of the facts all set prin in the value of the truth of the facts all set prin in the center allegation of compliance.  Preparation and/or execution of the truth of the facts all set prin in the center allegation of constitute admission on aging provider of the truth of the fact	REACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION   PREFIX TAG

have access to the keys.

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO. 0	938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		E CONSTRUCTION	(X3) DATE SURVE' COMPLETED	***************************************
				10			
		185195	B. WIN	فا:		08/06/20	010
	ROVIDER OR SUPPLIER			ı	EET ADDRESS, CITY, STATE. ZIP CODE 456 US HWY 62		·
OAKVIEW	NURSING & REHABILI	TATION CENTER		1	ALVERT CITY, KY 42029		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE- C	(XS) OMPLETION DATE
F 431 Continued From p		e 5	F	F 431			
	The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.  This REQUIREMENT is not met as evidenced by:  Based on observations and interviews, it was determined the facility failed to ensure drugs and biologicals used in the facility were labeled in accordance with currently accepted professional principles, included the appropriate accessory and cautionary instructions and the expiration date, when applicable. The medication room		This Plan of Correction is the center's credible allegation of compliance.  Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.  Weekly audits of enteral feedings will be conducted by the Director of Nursing and/or Staff Development Coordinator times four weeks. Audits will then be conducted monthly times four months. Results of the audits will be taken to the Performance Improvement Committee on a monthly basis times four months.  Completion date will be 08/27/10.				
	contained two cases expiration date of 06/	of Jevity 1.0 with an 01/10 and 10 cases of Jevity		:			
	1.0 with an expiration Findings include:		; ; !				
	medication room on I ounce cans of Jevily of 06/01/10 and (120	5/10 at 3:45 PM, in the Hall Two, revealed (24) 8 1.0, with an expiration date ) 8 ounce cans of Jevity 1.0, te of 08/01/10 were available		:			
	#1, on 08/05/10 at 3: materials supply pers checking the medical	ensed Practical Nurse (LPN) 45 PM, revealed the son was responsible for tion rooms for expired tig the supplies. She stated,	:				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	***************************************	185195	8. WIA	1G		08/06/2010	
NAME OF PR	ROVIDER OR SUPPLIER		CHEMINA	STREE	ET ADDRESS, CITY, STATE, ZIP CODE	2003/2-1-0	
OAKVIEW	/ NURSING & REHABILIT	FATION CENTER	10456 US HWY 62 CALVERT CITY, KY 42029				
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF	iX .	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
F 431	Continued From page	e 6	F	431			
	"The feedings should have been discarded because they were expired".				This Plan of Correction is the center's allegation of compliance,	eredible	
	08/05/10 at 3:50 PM, was checked by the r to a resident. She sta	gistered Nurse (RN) #2, on revealed the enteral feeding nurse prior to administering it ated the expired feedings rown away if they were	: :		Preparation and/or execution of this p does not constitute admission or agree provider of the truth of the facts allege set forth in the statement of deficiencie correction is prepared and/or executed it is required by the provisions of feder	ment by the d or conclusions s The plan of l solely because	
ţ	08/05/10 at 4:00 PM, responsible for orderi supply room. He stal rotate and put up entigentleman faxes a sh what feedings we nee give it back to the case	ing the supplies for the led, "I was told to order, leral feedings. Some neet to the facility and I fill out ed and how much, then I se manager or Director of n't check the dates. I just					
	PM, revealed the Cer trained by the former She stated he was tra	DON, on 08/05/10 at 4:10 ntral Supply Clerk was case manager of the facility. ained to check the supply and remove expired items as.					
				:			
				ì			